

PEARLINGTON WATER & SEWER DISTRICT DEBIT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
(ACH DEBITS)

COMPANY/PERSON NAME _____

I (we) hereby authorize Pearlington Water & Sewer District, hereinafter called THE DISTRICT, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) ___ Checking ___ Savings account [select one] indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

BANK NAME _____

CITY _____

STATE _____

ROUTING ABA/NUMBER _____ ACCOUNT NUMBER _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford THE DISTRICT and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____
(PLEASE PRINT)

ID NUMBER _____ PWSD ACCT.# _____

DATE _____ SIGNATURE _____

SIGNATURE (JOINT) _____

